

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						APPLICANT(S)						
CLAIMS												
1	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
2							51					
3							52					
4							53					
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41							90					
42							91					
43							92					
44							93					
45							94					
46							95					
47							96					
48							97					
49							98					
50							99					
TOTAL IND.							100					
TOTAL DEP.							TOTAL IND.					
TOTAL CLAIMS							TOTAL DEP.					
13							13					